

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000016700

1. Entity Name
DOUBLE M, LLC



Principal Place of Business
**11066 54TH STREET NORTH
WEST PALM BEACH, FL 33411**

Mailing Address
**P.O. BOX 210847
ROYAL PALM BEACH, FL 33421**

DO NOT WRITE IN THIS SPACE



03162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
73-1665811

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, MIRIAM A
11066 54TH STREET NORTH
WEST PALM BEACH, FL 33411**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SURPRENANT, MARIA
STREET ADDRESS	875 ALHAMBRA CIRCLE
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	MGR
NAME	MAXWELL, MIRIAM A
STREET ADDRESS	PO BOX 210847
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Miriam A. Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #